HLANEWS

eHEALTH
The BIG picture for Australia in 2009

As Louise Schaper outlines, consensus and action on the need for health reform and e-health is growing.

In the iconic 1986 film *Ferris Bueller's Day Off,* our film's hero slacker remarks that "life moves pretty fast. If you don't stop and look around once in a while, you could miss it". There are times when I think progress in e-health moves along at a snail's pace, but Ferris' words aptly describe the recent flurry of activity in this domain.

As Ferris said life does move pretty fast and over the past few months there have been a lot of exciting and important developments in the e-health sector in Australia. In this overview I can report that consensus and action on the need for health reform, and the crucial role of e-health in that reform, is mounting.

In NSW the Final Report of the Special Commission of Inquiry: Acute Care Services in NSW Public Hospitals was released in November 2008. Special commissioner Peter Garling's 1100+ page report (known as **the Garling report**) includes a strong focus on health information technology (IT), stating that "The adoption of a policy to introduce up-to-date information technology within 4 years … is necessary if NSW Health is to provide

safe, quality care for patients" [1]. There are 21 specific health information technology related recommendations, however, health IT will be needed to deliver many of the 139 recommendations in the report. The NSW Government has announced it will adopt Garling's

> E-health is defined as the combined use of electronic communication and information technology in the health sector. It is essential to enable sustainable healthcare and to improving access, quality, safety and efficiency of healthcare.

technology recommendations, including a state wide e-health record system, within four years

and the creation of a Bureau of Health Information where information on safety and quality of patient care will be publicly available [2, 3].

CHIK Services (CHIK) Pty Ltd, a not-for-profit company that connects people and information technology around healthcare transformation agendas released a discussion paper entitled A Pebble In the Pond: A Vision for E-Health Enabled Healthcare Transformation [4]. The paper presents a vision for e-health enabled healthcare transformation and identifies key elements that make up that vision, as well as elements that need to be in place to enable the vision to be realised.

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FROM YOUR
CONVENOR

Twitter • ICML2009 • Health apps for the iPhone

I am sure we all feel overwhelmed at the amount of information we have to process in both our busy work lives and personal lives. We also have the challenge of keeping up to date with the technology that provides the information – this can be via emails, wikis, blogs and, more recently, Twitter. I am reliably informed that the correct terminology is as follows: Twitter is the site, tweeting is the act of messaging, and tweets are the messages themselves.

So in order to keep up we have arranged for details of the Twitter hashtag to be added to the ICML2009 website (www.icml2009.com). It will be very interesting to see some of the conversations or tweets in the upcoming months.

ICML is progressing well with registrations increasing each week. Given the current global economic crisis we have had to revise our expectations and now feel that we will have about 500 registrations. If you haven't registered please do and take the time to look at the extensive CE program (pg 12). ICML is a wonderful opportunity to attend some workshops run by some of the best in our profession. In some workshops we may have to limit enrolments due to demand. And in order to keep costs down we have arranged for these workshops to be held in local libraries where we don't have to pay expensive room rental. We are in the process of arranging wireless access during the conference as we are aware that long gone are the days when you leave work behind when you attend a conference. We are also going to have a wireless internet bootH – just in case you don't bring your laptop or mobile device.

Please take time to check out the social program and register for some of the events if you haven't already done so (I am quite envious of those attending some of the day trips!). Again thanks to all of the volunteers who have helped, and will help, with ICML.

Keeping up with our own heath information can be aided by a number of applications, popularly referred to as "apps" for iPhones and iPod Touch devices. You can play games, find information, store personal information, find out how to exercise, count calories and find recipes, among others. There are free and paid apps available. The trick is to find apps that have been reviewed so you have some idea of what you are downloading. There are a number of sites that rate and evaluate apps. These include: 148Apps (http://www.148apps.com/); the 100 Fabulous iPhone Apps for Your Health and Fitness (http://www.uspharmd.com/blog/2009/100-fabulous-iphone-apps-for-your-health-and-fitness/) lists apps in a range of categories including nutrition, medication, calculators and reference; a very useful app is My Life Record (http://www.myliferecord.com) that lets you record and store all your health information from ultrasounds to your medications. (On a personal note I will have to use this as I am hopeless at remembering when I had what test when resulting in a very busy schedule around my birthday when I feel it is time to get them all done again!) Last year details of five popular health apps were discussed [1]. These included:

1. Absolute Fitness. For $14.95, users can keep a food and exercise diary, monitor nutrition and weight goals, and track and graph health metrics, including cholesterol, calories, saturated fat, and sodium.
2. Quitter. A program to help smokers kick the habit.
3. ICE. This In Case of an Emergency card lets you enter emergency contacts, medical conditions and any allergies.
4. iScale. Another food diary feature.
5. Kenkou. It means "health" in Japanese and lets users keep track personal health and wellness data. The authors note it is particularly useful for diabetics.

So in between your job and home life there is no time to be bored. In fact, if you are please contact our editor, Melanie, who will ask you to provide content for the next issue! Happy tweeting.

Heather Todd
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1. http://www.thehealthcareblog.com/the_health_care_blog/2008/07/5-great-health.html

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INNOVATION TAKES CENTRE STAGE:
The HLA/HCN INNOVATION AWARD 2009

It was very gratifying to receive so many high quality applications for the HLA/HCN Health Informatics Innovation Award. Read on to discover who the finalists were (and who won!) ...

Trudi Maly
– winner of the inaugural
HLA/HCN Innovation Award

Nominations were assessed by the judging panel using the following criteria:

- Contribution to, and enhancement of, the information profession/industry
- Outstanding project work, whether by an individual or as part of a team
- Collaboratively working within or between organisations
- Originality/innovation regarding services or solutions
- Excellence/innovation in terms of best practice

It is with great pleasure that I announce that the winner of the 2009 HLA/HCN Health Informatics Innovation Award is Trudi Maly, Clinical Librarian at the Northern Territory Department of Health and Families Library, for her work with the Clinical Practice Guidelines Quality Improvement Program. The Award will be formally presented to Trudi during ICML, and Trudi has also agreed to present her project at the conference.

Allison Hart, Health Communication Network's (HCN) General Manager, Knowledge Solutions, said, "Trudi's submission was very exciting, as her role to continue the implementation of the Clinical Guidelines Program in NT (which is a first in Australia) is very innovative and will impact clinical decision making at the point of care. This is a Program that will make a difference."

Details of Trudi's winning application follow as do those of all finalists in the Award. HLA will also publish the abstracts on the HLA website (as per the conditions of the award). By providing this information we aim to improve communication within the sector and hopefully provide an opportunity for you to think about how you could use some of the ideas in your workplace or even apply for the 2010 award.

Heather Todd
HLA Convenor

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Clinical Practice Guidelines Quality Improvement Program
Trudi Maly, Clinical Librarian, Northern Territory Department of Health and Families Library

The Clinical Librarian's primary objective is to increase the relevance of library services to clinicians and transpose library services into the clinical setting. A key strategy in this refinement of focus has been to engage with clinicians by contributing to their 'business' and this is being achieved through the Clinical Practice Guidelines Quality Improvement Program. The purpose of the Program is to improve clinical governance and, ultimately, patient outcomes by developing evidence-based clinical guidelines, standardised across all 5 DHF hospitals. The Clinical Librarian position was developed to work 0.5 on the clinical guidelines program and was responsible for seeking funding, engaging clinicians and getting the project off the ground.

The role of the Clinical Librarian is not new, and there are numerous examples of the role in the United Kingdom, North America and Australia. What is new and innovative about Trudi's role is that her responsibilities have included the implementation and ongoing commitment to the Clinical Guidelines Program, which is a first in Australia. Its success is a major achievement, and she has played a leading role in this.

Developing an evidence-based practice and Web 2.0 social-networking resource
Terence Harrison, Royal Melbourne Hospital, Victoria

The Evidence Direct facility provides a solid base for EBM resources. Although, initially seen

as a local resource, Evidence Direct was always designed with the wider and global clinical community in mind and in 2008 the resource was considerably expanded to include:

- An Evidence Summaries repository
- The Evidence Australia search engine
- Evidence Week
- EBM-health news updates, and
- An Evidence-based healthcare for patients facility

Also recognised was the need to go much further and take the lead in an Australia-centred EBM social networking initiative, which it is hoped will see the development of a virtual Centre for Evidence Based Practice Australia (CEBPA). It is envisaged that a CEBPA will offer the usual EBP tools, but also online teaching/learning resources as well as state-of-the-art collaboration facilities – all with an emphasis on Australian content. The CEBPA promotes a virtual centre model, which is unique for a CEBM.

Both the Evidence Direct resource and the EBP Australia Initiative were developed with no funding and using only basic web software and third-party add-ons. The "EBP Australia Initiative" model seeks to redefine 'best practice' in terms of dynamically updated knowledge sharing.

Alzheimer's News*
Nicky Hayward-Wright, Manager, Knowledge Services & Systems, Alzheimer's Australia

In April 2007, Alzheimer's Australia NSW Library & Information Service launched Alzheimer's News, a current awareness news service covering various topics relating to dementia.

The main target audience of this service is the geographically dispersed staff of Alzheimer's Australia NSW and other Alzheimer's Australia associations, health care workers, health care professionals, and health care organisations in the aged care and dementia sector. However, the reach of Alzheimer's News is such that it stretches from carers and those with Alzheimers, to students,

other library services, and even to members of the Ministers' (Minister for Ageing, DoHA) Dementia Advisory Group. Such has been its reach that is included in the Department of Health and Ageing's Dementia Resource Guide (May 2008).
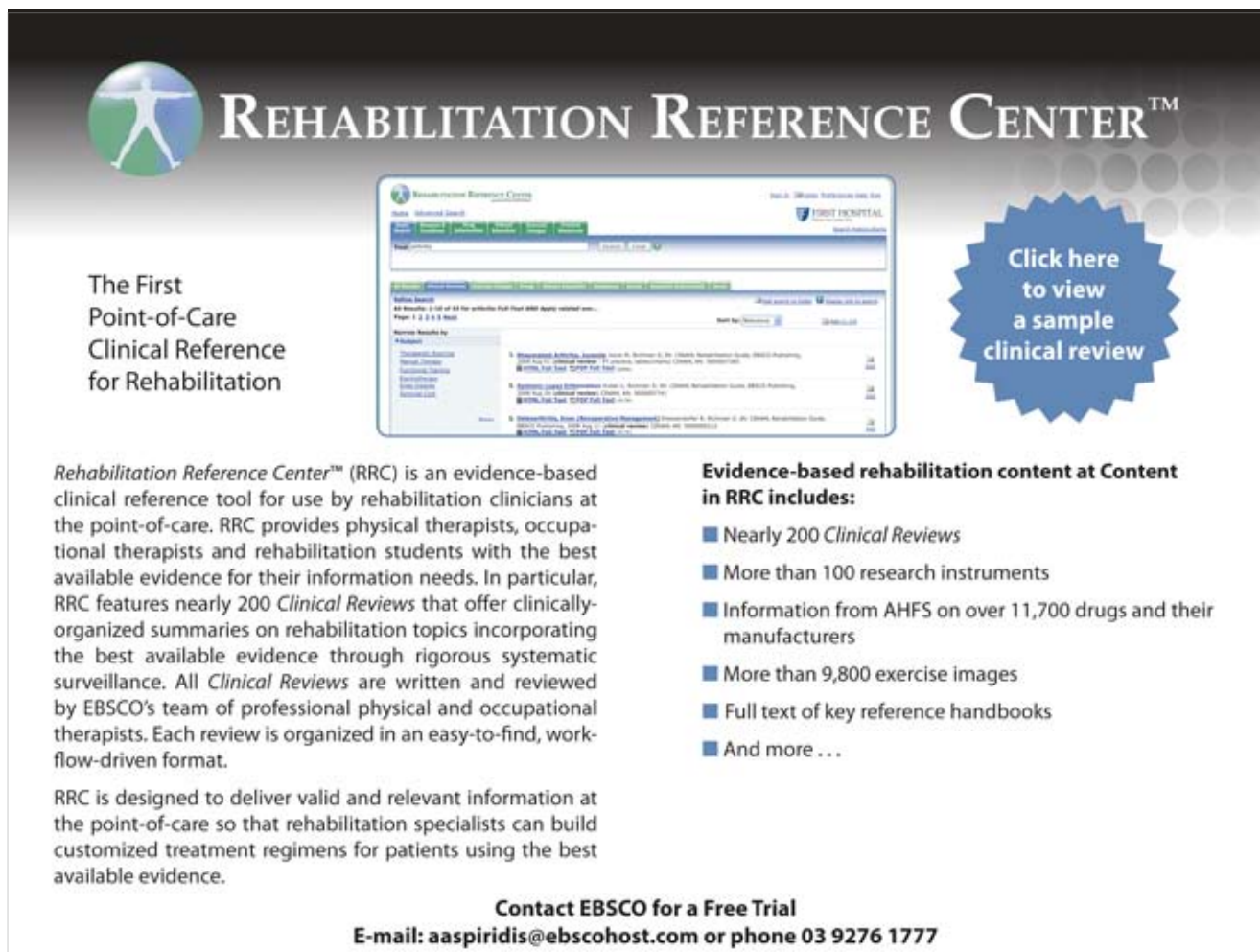
The development of this blog based current awareness news service, while small in scale as an online project, is a clear demonstration of best practice innovation, both within the industry and for the end user. The current awareness news services' project was self-directed and has not received any funds for its development, implementation or ongoing production.

*http://alznews.blogspot.com

Clinicians Knowledge Network redevelopment
Andrew Heath, Senior Project Officer, Clinical Knowledge Resources, Queensland Health

The Clinicians Knowledge Network (CKN) is a collection of clinical and research information resources providing health

A HEALTHY EXCHANGE

Librarians at HealthInsite devised a custom solution to the perennial challenge of finding professional development opportunities on a limited budget..

After working at HealthInsite for a number of years as a metadata specialist I was looking to widen my career experience. HealthInsite, a web portal operating from the Department of Health and Ageing in Canberra, is a little different from a traditional library service in that it has no physical collection. Services are provided almost exclusively online and there is no face-to-face contact with users who are geographically widely distributed. As most of my experience has been outside traditional library services, my supervisor and I were looking for ways to increase my exposure to a variety of library environments and tasks. Training courses just don't meet this need very well so we came up with the idea of a short-term job swap with another health library.

We approached the ACT Health Library Director at The Canberra Hospital who was very receptive to the idea of a reciprocal secondment of library staff. After exploring a number of different models a simple exchange of one day per week for six weeks was agreed. Jenna Cameron, a library technician at the ACT Health Library, swapped workplaces with me to learn more about online health information systems. This arrangement gave us both the opportunity to build our network of professional contacts, learn new skills and discover more about health libraries and information services.

The exchange was an eye-opening experience – different work environments, different clients, different systems and infrastructure. For my part, working face-to-face with clients in a space that is "open" to the public was unfamiliar. There is the challenge of managing your work while remaining available to clients who could approach you at any time.

However, working so closely with your clients you become more aware of their needs and are able to tailor your services to them. I was very impressed with the innovative information services and technology solutions being offered to users of the ACT Health Library.

Jenna found that participating in the exchange was an excellent opportunity to broaden her knowledge of information services. It was a new experience not only working in an office environment but also dealing with an entirely online information resource service. Learning more about using metadata to accurately catalogue electronic items and improve search results was a highlight. Reflecting on the exchange Jenna said that "the experience I gained at HealthInsite was invaluable and revealed new career paths being established within the information industry".

By the end of the exchange period many parallels between the two organisations became apparent to us despite their outward differences: both help clients find health information suitable for their needs using staff skilled in information management and retrieval. Although the specific information technology systems, resources and processes used to catalogue resources or answer queries, for example, are different, it wasn't too hard for either of us to adapt to another system. The basic principles are the same.

Jenna and I are both very grateful for the generosity of the staff who allowed us to watch them at work, provided us with training and answered our many questions so patiently. It was a very rewarding and positive experience that gave us an opportunity for professional development we would not have had otherwise. Jenna and I now see things from a fresh perspective and have a greater understanding and appreciation of the work of both "libraries". I also think that our host organisations have learnt a little from us and the way we do things "back home".

I would highly recommend this experience to anyone. If you get the opportunity for a job swap, secondment, short-term transfer or some one-on-one training… go for it!

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professionals working within Queensland Health (QH) access to the latest evidence-based information. The aim of CKN is to encourage clinicians to use evidence-based research in the treatment of their patients, the outcomes being increased quality of care. The CKN was launched in 2001 and is funded on an ongoing basis through the QH Centre for Healthcare Improvement. Management of CKN became the responsibility of QH Central Library in 2007. This change has provided the opportunity to undertake a range of significant developments that have increased access, content and usability of the site. The range of innovations includes:

- Web portal redesign
- Resources expansion
- eJournals management and access
- Link resolver
- Remote access
- Specialty Guides
- Evaluation/Usage

Adoption of Open Source systems for use in the Greater Western Area Health Service (NSW)

Don Keast, Far West Health Library, Broken Hill

Open source library systems have been around for about 10 years, but their adoption in Australia has not been widespread.

The five small libraries, operating as the Greater Western Area Health Service (GWAHS) Libraries, which service a very dispersed clientele, are one of the first library networks to adopt the Koha technology.

The adoption of Koha is trend-setting, as it enables many small libraries, for whom major commercial systems are far too expensive, to successfully establish a web presence for a small fraction of traditional costs. In the case in question, 5 libraries with limited budgetary and staffing resources have managed to greatly enhance services to their remote rural clients while reducing costs. The project has excited much interest with more health libraries making the conversion and many others expressing interest.

CareSearch palliative care knowledge network*

Ruth Sladek, Research Manager, Division of Medicine, Cardiac & Critical Care, Flinders Medical Centre

The CareSearch palliative care knowledge network website (CareSearch) consolidates, provides access to and encourages the use of evidence in palliative care.

Dr Ruth Sladek has been an integral member of the multi-disciplinary team undertaking research and project work to encourage evidence based practice in palliative care by facilitating precise identification and retrieval of relevant literature for use by health care professionals. She contributed to the design of the website's structure, and was a co-editor of its many content pages prior to their release. Most importantly she was one of two primary authors of the "Finding Evidence" section and its pages for health care professionals. These provide users with links to resources likely to best support evidence based practice and broader processes related to knowledge translation.

Dr Sladek's professional contribution, and role as a co-investigator on the various bibliometric analyses relating to this work, was vital to the design and conduct of this research. She identified the capacity and limits of bibliographic systems, and advised on the most effective approaches to searching. Further, she played a crucial role in developing the palliative care search filter, which is one of the first publicly available validated topic-based filters (as opposed to methodological filters such as PubMed Clinical Queries filters). Subsequently Dr Sladek was responsible for the development of over 50 real time topic-based searches (each with five variant searches) utilising this filter in PubMed to support open access to the most recent and highest level research evidence by clinicians.

* www.caresearch.com.au

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NATIONAL BROADBAND NETWORK
– $43 billion to deliver the FUTURE

Louise Schaper argues that Australia's National Broadband Network will be a catalyst to transform healthcare.

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* Information about Louise
can be found on p15

On 7th April 2009 Prime Minister Kevin Rudd surprised Australia with the announcement that the Federal Government was abandoning its tender process for the National Broadband Network (NBN) and establishing a new government-majority company to build a $43billion fibre-to-the-home (FttH) network. The fact that we now have a strategy and timeframe for the delivery of a true broadband network is an exciting and much needed development for Australia.

The NBN will achieve peak speeds up to 100 times faster than what is currently available. According to the announcement, the NBN will connect 90% of all Australian homes, schools and workplaces. The remaining 10% of the population will join the network via wireless and satellite technologies, but with speeds significantly less than what will be available to others.

Critics, including members of the public, have questioned the government's priorities and would prefer taxpayer dollars to be spent on other things. While there is little doubt that the government's handling of the tender process is ripe for criticism and concerns about the cost of this infrastructure are understandable, particularly given the global financial crisis, I have been dismayed at those who know better than peddling misinformation about the NBN in an effort to score political points.

Some journalists and politicians are keen to point out unreferenced statistics that "the overwhelming majority of households don't want 100 megabits of speed" and assume that the only reason individuals would want a faster connection to the Internet is so they can download movies and other entertainment. This argument (aside from being completely unfounded) is actually quite ridiculous. My Dad was happy with the radiogram he purchased in 1975 and he was really chuffed when we were one of the first people in town to get a video player (thankfully we got a VHS and not a Betamax – purely by coincidence, I'm sure, rather than any technological foresight). I was really happy with my first computer which had less storage capacity than my current USB stick has. I was also happy with the dial-up connection I used to have which took 30 minutes to download a song. The rate of progress and the astounding level of technological development in past years have shown us that opportunities and services, that were previously unimaginable, arise when the capacity to support them is available. It is an unreasoned and unfounded argument that technology and the Internet has completed its evolution, reached its potential in terms of the value it can deliver and that nothing new can be invented.

On ABC television's Q&A, Senator Helen Coonan (who was the Minister for Communications, Information Technology and the Arts) likened the NBN to the Government building an 8 lane highway to a lot of very small communities throughout Australia that don't need an 8 lane highway for people to come and go from the town. The essence of her point was that high speed broadband should be available to research institutions and other organisations that have the capacity and demand for fast access but that 'the community' does not need, nor do they want, fast access to the Internet. Using a metaphor she stated that we don't need "a full teaching hospital in every little town". I don't think

NATIONAL BROADBAND NETWORK
– $43 billion to deliver the future
continues from p7 ...

that Senator Coonan realised she was effectively arguing against her own point – for the NBN will bring the equivalent of a full teaching hospital to not only every 'little town' but to every home. The benefits of which will extend to millions of people.

Fast broadband is not just for people who want to download movies. It will be an important driver of economic activity and will be a catalyst to transform healthcare.

The implications of improved broadband will have a pervasive and significant impact on the delivery of healthcare services, the self-management of chronic conditions and maintaining health and wellness. E-health will be a critical application for the NBN.

Australia currently spends almost 10% of our GDP on healthcare. Not only is this level of expenditure unsustainable but our healthcare system faces significant challenges in terms of limited resources and increased demand due to population ageing and the rise in chronic disease. Our healthcare system, as it is currently structured, cannot meet demand and fails to provide efficient and equitable healthcare services. By 2047, when 1 in every 4 people in Australia are over the age of 65, the system will not possibly be able to provide equitable, safe, effective care to the population unless we radically transform how we provide that care.

The NBN will provide the infrastructure and capacity to ensure that the healthcare system can evolve to meet the demands placed upon it. Healthcare providers will be able to independently offer services to individuals, regardless of their physical location. No longer will we require the ill and injured to make the pilgrimage to the Medical Mecca – we will bring healthcare services to them, in their own homes. Some examples of the models of care that will become commonplace include:

- E-consultations. Communication between healthcare providers and consumers using email, video conferencing and related technologies. These could be conducted with your local general practitioner or with specialists located hundreds or thousands of kilometres away. The Royal District Nursing Service of South Australia has been conducting 'virtual visits' for the past couple of years.
- Provision of care in the home. With more and more people living at home smart-home type appliances and services will enable people to live at home for longer and receive the care they need in their own homes.

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> The implications of improved broadband will have a pervasive and significant impact on the delivery of healthcare services, the self-management of chronic conditions and maintaining health and wellness. E-health will be a critical application for the NBN.

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Their health and wellbeing can be monitored unobtrusively with sensors and alert carers if something goes wrong.
- Using technology to self-manage care. Just like the monitor I wear when I exercise to monitor my heart rate; the blood testing kit my Aunt uses to keep an eye on her sugar levels; or the blood pressure machine my Dad has – consumer devices readily available in the home will be able to monitor health status, allow individuals to self-manage

and share that information electronically with healthcare professionals who are involved in their care.
- Personal health records. Rather than just a personal 'database' of medical and health information, personal health records will evolve to become truly interactive and permit the creation, storage, sharing and use of information between individuals and healthcare professionals.

These types of services require a national broadband network with high speed capabilities. They will deliver profound benefits for individuals, healthcare professionals and the economy.
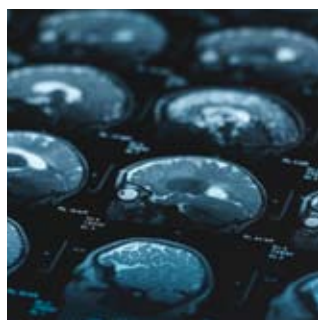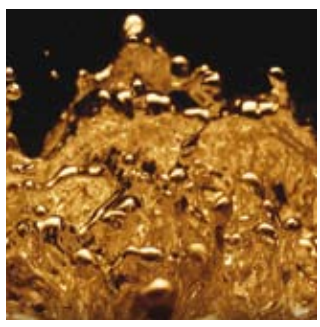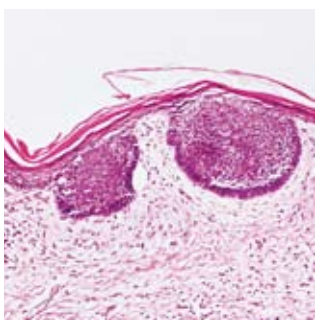
These examples are provided as a window into the future possibilities the NBN offers to Australians. However, these types of services are just the beginning and many other uses for the technology will eventuate. Of course, people with disabilities or chronic conditions will also be 'first off the rank' to benefit from access to healthcare when they need it, in their own homes – a welcomed change for those groups in the community whose needs often go unheard.

Those who have protested the government's decision to build the NBN, arguing instead that "the money should be spent on hospitals", will see in the not too distant future how limited those comments are in terms of visioning what is possible and what is needed in health.

Incorporating information and communications technology and innovative uses of fast broadband by the majority of the population offers the ability to deliver a world-class healthcare system which will be stronger, more efficient, more effective, more equitable and deliver better outcomes than the current status quo. The NBN is the infrastructure that is required to see the healthcare system transformed. We are investing in the future development and sustainability of our healthcare system.

AURORA LEADERSHIP INSTITUTE 2009

Michaela Olde had the good fortune to attend the 12th Aurora Leadership Institute. In this report she gives us a taste of her experience but without exposing the mystery that is 'Aurora'.

I attended the 12th Aurora Leadership Institute in Thredbo from the 19th-24th February 2009, with the financial support of Australian Government Libraries Information Network (AGLIN).

The facilitators, Becky Schreiber and John Shannon, came with a wealth of experience from the library industry in America. They were supported by eight mentors from a range of library backgrounds. The thirty two participants in this year's institute came from Australia and New Zealand. The participants were either current managers or identified as leaders of the future, and came from public, academic, special, national and state libraries, as well as the Australian Library and Information Association (ALIA).

Before arriving at Thredbo there were many discussions on the bus about what to expect. No one had heard much about Aurora, except that it would be challenging on a personal and professional front. On our arrival we soon discovered that surrounding Aurora is a code of silence so that each attendee, each year, can experience Aurora for the first time without any expectations or assumptions.

We were challenged to explore the environment, take risks, participate in change and to look at the future of the profession and how we could be involved in shaping it.

The role of mentors was to act as sounding-boards, advisors and to encourage us to step outside our comfort zones. The mentors provided feedback while sharing their own leadership experiences, challenges, successes and failures. These stories provided many lessons as well as being very inspirational.

Aurora, for me, was inspiring, challenging and reflective both on a personal and professional level. It was a great opportunity to reflect outside of the work and family environment.

> ❝ Aurora ignited my passion to prove the value of the special library to organisations ... and gave me a new perspective on what government libraries could be doing in Canberra to position themselves more firmly within their organisations. ❞

A key learning from Aurora was to approach change with an open mind and to be more actively involved in the change process, even from the 'follower' role. This section of Aurora was particularly relevant to me as our team is going through some significant change and the models that were presented were things that I hadn't seen before. I was able to put into perspective my feelings about the change and what needed to happen before I could embrace the change.

Aurora ignited my passion to prove the value of the special library to organisations (a focus of the literature review in my Masters thesis) and gave me a new perspective on what government libraries could be doing in Canberra to position themselves more firmly within their organisations. My challenge now is how to position myself to be able to take steps in this direction.

Aurora also provided a valuable network of colleagues and friends with which to share both the challenges facing our different library sectors as well as the innovative projects taking place. Often we can become quite insular in our own library sector so it was useful to be reminded, through the activities, that many of the library sectors have the same strengths, weaknesses, opportunities and threats, although to different degrees. The way Aurora is run allows you to step outside of your comfort zone and meet many different people.

From a professional perspective Aurora gave me an opportunity to reflect on what I could do for the library profession as a whole. I have resolved to take small steps at first until my children are a bit older. I would like to be more involved in writing papers and presenting at conferences and seminars. I have signed up for writing reviews for ALIA's AARL journal and I am looking at opportunities to present at conferences.

I am confident that the experience will continue to influence me personally and professionally throughout my library career. Aurora is one of those once in a lifetime opportunities and I am thrilled that I was given this opportunity.

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Library Support of Nursing Students – DEVELOPMENT of an INTERACTIVE "Health Online Tutorial"

Charles Darwin University librarians have recently developed an interactive "Health Online Tutorial" in response to increasing numbers of external nursing students and the demand for health database support. This project has involved collaboration between three librarians, a nursing academic and a multimedia developer and has been part of an undertaking to increase the Library's online tools so as to enhance electronic information seeking.

Charles Darwin University (CDU) Library has spent a year investigating ways in which it can improve the support of its nursing students. Historically the library has provided information literacy classes for first year internal nursing students. In these classes we demonstrate how to access library services. We look at developing search strategies, catalogue searching, finding journals through the E-journal portal and searching health databases for journal articles.

There is an increasingly large cohort of external students who cannot physically attend these classes. They may be studying in all regions of Australia and overseas. Most are also working so need self-paced instruction that can be accessed all hours.

Therefore, we knew we needed an online tool that replicated what is demonstrated to students in class. During the second half of 2008 the project began. The team who worked on this project was a collaboration of three librarians, a nursing academic and a multimedia developer. The librarians worked on the content while the multimedia developer produced the webpages. The online information literacy tutorial, called the "Health Online Tutorial", went live in February 2009.

The Tutorial is interactive with tabs that link to the different modules. The areas we focus on in the Tutorial are: Resource Types (catalogue, E-journal portal and databases), Search Strategies, Evaluation and Referencing. A "Test Your Skills" module has also been included.

A significant issue with first year nursing students is learning how to find journal articles electronically for assignments. In response to this, a main feature of the Tutorial is the database searching activities where a split screen has been developed. Students can read the instructions and undertake example searches at the same time. The databases we demonstrate are CINAHL, PubMed, Wiley Interscience and searching across more than one database at a time in EBSCOhost.

Our target group is external undergraduate nursing students. However, the aim is for it to be used to support students in all health-related courses studying internally or externally, either undergraduate or postgraduate. We are looking at broadening our search examples in the Tutorial to include other disciplines, such as social work.

First semester in 2009 has seen the Tutorial being piloted in a first year nursing unit. It has been included as a tab link in the unit within CDU's Learnline, a Blackboard web-based course management system where class content is delivered online.

One of the librarians also worked with the academic responsible for the first year nursing unit to produce and embed an assessment item related to the Tutorial.

Two of the librarians ran a follow-up support program for internal students. This consisted of three weekly drop-in sessions for assistance with navigation and any general questions about the Tutorial. Contact details of the librarians were also placed below the link to the Tutorial within the Learnline unit, so the external students also knew there was someone to contact if they needed help.

A short survey, using Survey Monkey, has been produced as we want student feedback regarding what they liked and did not like about the Tutorial. We know there are improvements to be made before it is promoted to all students studying health-related courses. The survey will be conducted later this semester.

We have had an abstract for a poster presentation accepted at ICML 2009 in Brisbane. Please come and say hello to one of our librarians, Bernadette Royal, who will be there, and take a look at our progress.

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NOTE: In the pilot stage, the Tutorial is currently only available to enrolled students. In the next few months CDU will make it freely available.

health online | for nursing, midwifery & allied health professionals

| Home | Resource Types | Search Strategies | Evaluation | Referencing | Scenarios |

Content in this section

▸ What do you really need?
▸ Learn to combine
▸ Your turn

Searching

What do you really need?

Think about the main ideas and what the assignment question is asking you to do.

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2009

Continuing Education Workshops

The organising committee of the 10th International Congress of Medical Librarianship (ICML) is pleased to advise that a number of half and full-day Continuing Education Workshops will be offered on 31 August and 1 September 2009 at The University of Queensland St Lucia campus, a quick ferry trip from the conference site at Southbank.

Choose from a range of topics including: Bibliometrics, Clinical Librarianship, EndNote, Evidence Based Practice, Group Work, Health/Medical/Veterinary Resources, Library Spaces, Reference, Statistics, Strategic Planning, Technology, Train the Trainer and Writing.

For full details and to book, go to: **www.icml2009.com/ce/subject.html**

Monday 31 August 2009		Tuesday 1 September 2009	
EndNote Masterclass - *John East*	9am-12.30pm	Beyond search results: an introduction to pragmatic evidence retrieval and appraisal - *BMJ*	9am-12.30pm
EBM: Introducton to Study Design and Critical Appraisal - *Connie Schardt*	9am-12.30pm	Putting EBP into practice: EBP Journal Clubs - *Chris del Mar*	9am-12.30pm
Consenting adults: making the most of small group interactions - *Andrew Booth*	9am-12.30pm	The Librarian's role in supporting systematic reviews - *Carol Lefebrve*	9am-12.30pm
Map of Medicine - *Garry Hall*	9am-12.30pm	Writing Evidence Summaries: Incremental Steps Towards a Research Base for the Profession - *Suzanne Lewis*	9am-12.30pm
Track it down on the Web! Tools to do it for the Biomedical Librarian - *Friedhelm Rump*	9am-12.30pm	Veterinary Information from CABI - *Robert Taylor*	9am-12.30pm
'Authorship Skills' for Health Information Professionals - *Lenny Rhine*	9am - 4pm	Geeks bearing gifts: Unwrapping New Technology Trends (CAVAL) - *Max Anderson*	9am-12.30pm
Quality Filtering: Critical Appraisal and Synthesis of the Literature - *Sandra Martin*	9am - 4pm	EBLIP Service: how to make your services evidence based - *Andrew Booth*	9am - 4pm
How do we measure research impact? - *Nicola Foxlee and Sue Curlewis*	1.30pm - 5pm	HINARI/Internet Resources for Health Information Pofessionals: Training the Trainers - *Lenny Rhine*	9am - 4pm
Learning space design: Fitting Facilities for Today's Library Users - *Janine Schmidt*	1.30pm - 5pm	Future Trends and Needs in Clinical Librarianship - *Ann Ritchie and Terrence Harrison*	1.30pm - 5pm
Chasing the Sun - *Mary Peterson*	1.30pm - 5pm	Advanced Pubmed - *Cheryl Hamill*	1.30pm - 5pm
Finding Australian health statistics - *Australian Bureau of Statistics*	1.30pm - 5pm	Let your advance worrying become advance thinking and planning - shaping your library's strategic future - *Keith Webster*	1.30pm - 5pm
Discovery to delivery essentials: seamless e-resources integration for small libraries - *Vivien Hewitt and Cheryl Hamill*	1.30pm - 5pm	Can You Hear Me Now? How to Make a Podcast (CAVAL) - *Max Anderson*	1.30pm - 5pm
		Train the Trainer options investigated in the UQ Library - *Noela Yates*	1.30pm - 5pm

Brenda Heagney REFLECTS on 50 years in LIBRARIES

As one of the longest serving medical librarians, recently retired, and writer of several obituaries, I decided to write a brief account of my career, so that if I qualify for an obituary, the facts have been set down correctly.

Born and schooled to secondary level in Perth, WA, I came with my parents to Sydney in 1953. Needing to complete my last undergraduate year in Arts at Sydney University part-time, I found a job at the State Library of NSW (SLNSW, then the Public Library of NSW), which then staffed all State government libraries, and I was posted to Sydney Technical College. Before heading to London in 1958 I also spent some time in various departments of the SLNSW, and completed the Preliminary Certificate of the LAA. John Metcalfe was the Principal librarian.

Returning home poor in 1960, having worked as a supply teacher in London to subsidise my travels, I spent a few unhappy weeks back at the SLNSW, then a few interesting months in the film library of the new ABC TV studios, indexing films. But I did not want to be a librarian.

However, I put aside my prejudice and in 1961 decided to apply to the University of NSW for a position and for entry into the graduate diploma of librarianship course. John Metcalfe was now the University Librarian and the first director of the School of Librarianship. I was appointed to the staff, spent some years in cataloguing and reference and completed my diploma part-time. In 1963 I was appointed to the Biomedical Library as a base grade librarian. The first students were passing through the Faculty of Medicine. It was a very happy and exciting time to be with them and the first faculty members. Clinical training was then carried out at Prince Henry Hospital at Little Bay. In spite of having done no science, I could spell, and the clientele were always happy to explain their research or clinical projects. Remember, this was the era of printed Index Medicus, Excerpta Medica, etc., long before computers. This biomedical library experience set my career path.

In 1966 I was appointed to manage the Medical Branch Library, University of Sydney, then housed in the Blackburn building, and the Burkitt Library in the Anderson Stuart Building. Two years later we moved the material from Blackburn, together with collections from various departments and off-site storage, into the new Bosch complex. We shared a building with the Pharmacology Department and the animal house. At the end of 1971, while contemplating another overseas trip, I met Thomas Karger, head of the Swiss international scientific publishers, when he was visiting his Australian clients, and was offered a position in their Sydney agency. After some months training in the headquarters in Basel, Switzerland, Germany and the USA, I returned to Sydney, visited libraries and attended medical conferences as a publisher's representative.

This did not turn out as expected and in 1975 I applied for the vacant librarian position at the NSW Branch of the Australian Medical Associaton. (The British Medical Association (BMA) branches in Australia became the Australian Medical Association (AMA) in 1962). The then longest-serving medical librarian, Mollie Rolleston, had retired. She had a fantastic memory. If one rang up for an interlibrary loan, mentioning the title, volume, year and page, she could sometimes tell you what the article was. She also kept a card file of commonly asked questions with lists of useful references. She had a slightly terrifying manner but a heart of gold. On arrival at BMA House in Macquarie Street, Sydney, which resembled the Marie Celeste, as all the staff had left, I set about hiring new staff and reviving the library service. The existing photocopier had to go:

The **Health Informatics Society of Australia** (HISA) has delivered its pre-budget submission to the Federal government. It recommends funding for: the development of a consensus plan and public awareness campaign; establishing new models of collaboration between healthcare providers and consumers; and, skills development in e-health and health informatics for the workforce [5]. Joining calls for e-health investment to be in this year's budget, the **Australian Medical Association** has named e-health infrastructure as one of the highest priorities to receive cash from the government's $10 billion Health and Hospitals Fund. The AMA state that "investment in e-health infrastructure, particularly in hospitals, medical practices, aged care, pharmacy and other allied health practices, is needed to fully enable the sharing of patient information electronically in Australia" [6]. The **Australian Healthcare and Hospitals Association** (AHHA; www. aushealthcare.com.au), the peak national body representing public hospitals, area health services, community health centres and public aged care providers, has also named health information technology as one of two key areas requiring funding. Specifically, the AHHA have suggested funds be allocated to the development of a national electronic medication management system across the health sector to reduce unnecessary errors related to prescribing, dispensing and delivery of medications; the implementation of national clinical pathway tools that standardise treatments for all conditions; and clinical decision support tools that support doctors to make the right decisions about their patients' diagnoses.

The first **Australian E-Health Consumer Day** was held in Melbourne on 7th May [7]. The event provided presentations, entertainment and interactive demonstrations designed to look at how consumers can improve their health and general wellbeing through the better use of information and communication technologies (ICT). The success of this event will hopefully lead to a series of consumer e-health roadshows across the country. See www.healthbeyond.org.au for details.

CHIK and HISA have announced they will be collaborating again this year in hosting a week of e-health and health informatics events. The Health-e-Nation conference and the Health Informatics Conference (HIC) will be held in Canberra in August and are a must for anyone interested in e-health issues. Further information can be found at www. chik.com.au and www.hisa.org.au.

On the anniversary of its establishment, the **National Health & Hospitals Reform Commission**

> ❛
> E-Health has a vital role to play in reforming the healthcare system and ensuring its sustainability now and into the future. It is vital that occupational therapists are aware of these developments and ensure their perspectives help shape healthcare in 2020.
> ❜

released its interim report [8] in February. Launched at the National Press Club, the report provides a number of options for reform – most of which involve a Federal takeover of Australia's hospitals. The report states "An electronic health record that can be accessed – with the person's agreement – by all health professionals and across all settings is arguably the single most important enabler of truly person centred care. It is one of the most important systemic opportunities to improve the quality and safety of health care in Australia" (p.8). At the end of last year the Commission released a discussion paper E-Health: Enabler for Australia's Health Reform, which discussed the place of e-health initiatives in the Australian healthcare system, the need for IT in the reform agenda and the case for change [9]. The NHHRC also conducted a series of consultations with health consumers and providers. The reports of these forums [10] contain some really interesting ideas and highlight three 'Overarching Solutions': creation of a single national healthcare system, adopt a multi-disciplinary approach to care delivery and create a national system of electronic health records for every individual Australian. Given the acknowledgement from the NHHRC that e-health is a crucial component to health reform, it is inconceivable that the recommendations handed down by the Commission in June 2009 will not include reform which is enabled through e-health systems and infrastructure.

A substantial development is that Australia has an agreed national strategy for e-health adoption. Developed by Deloitte's, the National E-Health Strategy [11] was released in December 2008 following endorsement by the Australian Health Ministers' Conference. The strategy covers four key work streams:

1. establishing core foundations which will provide the ability to securely share health information e.g. consumer and care provider identifiers, standards and infrastructure;

2. stimulating investment in and delivery of e-health solutions such as electronic referrals, event summaries, prescriptions, decision support, telehealth and individual electronic health records;

3. national alignment fostering change and adoption of e-health by consumers and healthcare professionals; and,

4. the establishment of appropriate

governance structures and mechanisms. At the time of penning this column the strategy remains unfunded and my sources suggest that funding to make the strategy a reality is not likely to be forthcoming due to a lack of political will.

Naturally, a key foundation of providing connectivity between all Australian healthcare providers will be the **National Broadband Network**. This is a topic for a whole other column (see page 7), but sufficient to say that fast broadband is necessary and vital infrastructure which will permit the transformation of healthcare delivery and the capture, storage, use and sharing of health information.

At the end of November 2008, COAG announced they would continue to fund the **National**

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Health Minister Ms Nicola Roxon has recently said "Workforce and e-health are the chief enablers of all the health reforms. Without them the reforms will not be able to work" [14].

’

E-Health Transition Authority's work program [12]. NEHTA now has a budget of $218 million until June 2012 to continue to develop the essential infrastructure projects necessary to support e-health. NEHTA is developing the foundations to enable a national e-health system and is focusing on e-communications in practice by implementing and delivering early e-health services for the most commonly exchanged health information. To find out more on NEHTA's work program I encourage you to visit their website

www.nehta.gov.au. Speaking on the announcement, NEHTA CEO Peter Fleming said the funds were "a strong endorsement of e-health as an essential element of health reform".

So there is widespread agreement that e-health is an essential element of health reform. The 'where to from here' requires a detailed strategy, funding and political commitment from the Federal Government. In 2007 the Labor Party's National Platform document [13] listed e-health as a policy priority. With this mandate, plus a continuing procession of high profile organisations and reports on the desperate need for e-health, I am hopeful that the investment and commitment from the very top will be forthcoming.

In the United States, a key aspect of President Barack Obama's plan to stimulate the economy is to reform health care services and invest $20 billion in health information technology, with the aim of having all health records stored and accessed electronically by 2014. I will leave you with this quote from a speech the then President-elect gave in January. Let's hope that we will soon read a similar statement made by our leaders.

"To improve the quality of our health care while lowering its cost, we will make the

immediate investments necessary to ensure that within five years, all of America's medical records are computerized. This will cut waste, eliminate red tape, and reduce the need to repeat expensive medical tests. But it just won't save billions of dollars and thousands of jobs – it will save lives by reducing the deadly but preventable medical errors that pervade our health care system." [15]

ABOUT THE AUTHOR
Louise Schaper is a researcher, writer and consultant with a passion for health informatics. She is Chair of the WA Branch of the Health Informatics Society of Australia, the Director of Comperio Pty Ltd and the Research Director of CHIK Services – both e-health and informatics consulting companies. She is currently completing her PhD in health informatics at Curtin University of Technology. Her research and consulting concern people's responses to new technologies and leveraging technology to support and improve the 'business' of healthcare. She understands the value of technology to improving the efficiency, effectiveness, quality and safety of healthcare; and her research and consultancy focuses on these themes. Email your comments, questions and content suggestions to louise@comperio.com.au

THE E-HEALTH BIG PICTURE
Consensus and action on the need for health reform and e-health is growing. As at 1st May 2009, recent developments in e-health include:

1. Garling's report recommends significant health IT investment to fix NSW's public hospitals. The NSW Government adopts most of the technology recommendations.
2. CHIK puts forth a vision for e-health enabled healthcare transformation.
3. HISA, AMA and AHHA recommend health informatics initiatives for the Federal budget.
4. The first Australian E-Health Consumer Day, HealthBeyond is held in May in Melbourne.
5. The National Health & Hospitals Reform Commission releases several reports acknowledging the crucial role of e-health in health reform.
6. Australia's National E-Health Strategy has been developed and a summary released.
7. The National Broadband Network will be built, enabling the transformation of how we deliver healthcare.
8. COAG confirms NEHTA funding until 2012.

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it required two sheets of paper for every copy – one white, one pink, which had to be peeled apart. Also, the AMA had already moved to premises at St Leonards, in northern Sydney, and the future of the library was uncertain.

At this time a great new hospital for western Sydney, Westmead Hospital, was being planned, and by serendipity the head of the planning team, and later CEO and General Superintendent, Dr Bernie Amos, and the medical secretary of the AMA, Dr Nicholas Larkins, agreed to have part of the AMA library relocated to Westmead. The new Chief librarian position was advertised and I was successful.

We did not need a large historical collection at Westmead so an arrangement was made between the AMA and the Royal Australasian College of Physicians (RACP), represented by Associate Professor Bryan Gandevia and the librarian Alison Holster, for the books published before 1950 and the runs of 19th century Australian medical journals to go to the RACP history of medicine library. The rest was transferred west. I began work at Westmead in December 1977 so we had almost a year to set up the library, buying new material for the medical specialties and for nursing and allied health professionals, before the hospital opened in November 1978. (In 1981 the Dental school opened requiring more library expansion). I enjoyed working with a dedicated, happy team of people, from the superintendent down to the cleaners and security staff. By then the era of printed indexes finished, the computer age arrived and ours was one of the first hospital libraries to install Medline.

My professional activities included being Convenor of the Medical Librarians' Group NSW, predecessor of the Medical Libraries section of ALIA of which I became the first President by default.

When Alison Holster decided to take early retirement in 1985, a return to Macquarie Street was appealing. In spite of having no scientific background and failing history in the Leaving certificate, I succeeded Alison as the History of Medicine librarian of the RACP. And there I remained until my retirement in 2004.

We continued to provide exhibitions of library material, with accompanying booklets, at the College's annual scientific meetings. I am most proud of the one we did on the physicians who had been prisoners of war of the Japanese, to which the response was overwhelming. We computerised the library catalogue and loaded the data into ABN (now Libraries Australia) making the extensive, rare and valuable collection available to all. A wide range of researchers have made use of our resources. Though this library was under threat for some years it fortunately remains.

Throughout these years I developed an interest in medical history, serving a term as president of the NSW Society of the History of Medicine, and as councillor of the Australian (now Australian and New Zealand) Society of the History of Medicine. I have attended all of the national conferences since 1980 and three conferences of the International Society of the History of Medicine, in Antwerp, Glasgow and on the island of Cos, Greece.

After a few weeks' retirement I was asked to consult with the Royal Australian and New Zealand College of Radiologists and assess their collection, then known as the J.P. Trainor Archive Trust and now known as the Trainor/Owen Collection. This comprises a museum, library and archives. I found myself employed one day per week weeding and cataloguing the books and serials and answering enquiries. We hired a professional archivist to manage the archives and although I did not quite finish my task, I made substantial progress, acquiring a computer, installing a library system and transferring the manual and typed records to electronic format. This year I decided to retire and start managing my own library and papers, many of which have become an orthopaedic hazard, stored as they are in cardboard and plastic boxes.

It has been a most fulfilling life with few regrets, other than so few of our colleagues are involved with formal medical history activities, and I have made many friends here and overseas.

Brenda Heagney
May 2009

ACEBCP closes...

The Australian Centre for Evidence Based Clinical Practice (ACEBCP) in South Australia (SA) ceased operating as a training entity as of 24 March 2009.

During it's lifetime – 2001 to 2008 – ACEBCP ran over 50 multidisciplinary workshops, seminars and training sessions for healthcare professions in evidence based practice. It is encouraging that over this time period many undergraduate and postgraduate education courses increasingly integrated the principles of EBP into their own curriculum. The Centre welcomed these positive developments but noted that the need for its 'Introductory EBP' workshops had slowly decreased and hence the decision was made to close the ACEBCP.

Finding the evidence is intrinsic to EBP, something acknowledged and fostered by the ACEBCP

from its early days by the Director, Professor Paddy A Phillips. I was invited, as a health librarian, to be on the multi-disciplinary Steering Committee prior to the Centre's first ever 'Introductory EBP' workshop, and a plenary session on finding the evidence was routinely included in the programme. Many of the workshops involved finding the evidence sessions, which were hands-on sessions run by health librarians, sometimes with as many as 6 colleagues involved. Librarians from Flinders University and the SA Health Libraries Consortium (and indeed around Australia) generously gave their time and expertise to these sessions, and they were routinely highly evaluated by

participants. Some may recall that ALIA sponsored a 'Train the Trainer' workshop run in conjunction with the ACEBCP to develop the capacity and knowledge of health library professionals in this field.

While the ACEBCP website, membership group and steering committee have ceased, a separate and new collaborative, based in Victoria, is currently developing a virtual Centre for Evidence-Based Practice, Australia (CEBPA), to be launched in October 2009. Its website will provide a range of EBM teaching resources, EBM tools and collaboration facilities. Shortly a CEBPA blog (http://www.cebm.com.au) will be available to bridge the gap between now and the website launch.

Thanks for the tremendous professional support shown by colleagues in the activities of ACEBCP.

Ruth Sladek
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ALIA Special Libraries Advisory Committee
INAUGURAL MEETING

Catherine Brady reports the newly formed ALIA Special Libraries Advisory Committee met by teleconference for the first time on 24th April 2009.

Sue Hutley, ALIA Executive Director, welcomed the nine new members to the Committee and noted that this Committee's formation had been long awaited. he Committee is to advise the Board on the development of a strategic program for members working in special libraries or with interests in special librarianship.

These are the main outcomes from the meeting:

- The Committee agreed on its Terms of Reference and these are available from the Committee's web page, http://www.alia.org.au/governance/committees/special.libraries. A list of Committee members and their contact details are also available from this page under "office-bearers". Deanne Barrett, Federal Court Library, was elected as Chair of the Committee. The other Committee members are: Cathy Brady, Jennifer Campbell, Emma Datson, Sue Henczel, Gaik Khong, Andrew Meier, Silvia Muscardin and Rosa Serratore.

- The Committee's attention was drawn to the resources available to all special libraries through Electronic Resources Australia (ERA). To find out more about ERA's offerings have a look at the product list on their website: http://era.nla.gov.au.

- The annual meeting of the Peak Bodies Forum, convened by the National Library of Australia, was held on 22 May. The purpose of the Forum is to identify significant issues facing the Australian library sector and to develop a national plan of action to address those issues that participants agree can be successfully managed at a national level. An announcement and agenda for the meeting appeared on the National Library's website (http://www.nla.gov.au/initiatives/meetings/peakbod).

The Committee will be tracking outcomes of relevance to special libraries from the Forum.

- The Committee is encouraging ALIA special library members to subscribe to the ALIA Special Libraries National e-list (http://lists.alia.org.au/mailman/listinfo/aliaNATSPEC/) and to update their membership details via the Members-only section of the ALIA website (http://alia.org.au/members-only.html), selecting their relevant sector (eg. "Health").

- Any issues or ideas that HLA members would like to be considered by the Committee should be proposed through the Chair, Deanne Barrett. Deanne's contact details are available from the Committee's web page.

Please visit the Special Libraries Advisory Committee webpage to follow our progress.

Catherine Brady
ALIA Special Libraries
Advisory Committee member